

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90033 018 ****61.25

DOCUMENT # 719089

1. Entity Name

NORMANDY HOMEOWNERS ASSOC., INC.



Principal Place of Business

**1686 S LAKE AVE
CLEARWATER FL 33756**

Mailing Address

**1686 S LAKE AVE
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1312114**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER, POLIAKOFF P.A
5999 CNETRAL AVE, STE 104
ST PETERSBURG FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KERR, RICHARD
1659-3 LAKE AVE S
CLEARWATER FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, EDITH
1679-2 LAKE AVE S
CLEARWATER, FL 33756** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
KELLY, JAMES
1650-4 S. LAKE AVENUE
CLEARWATER FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DD
KNUDSEN, KARL
1666-1 LAKE AVE S
CLEARWATER, FL 33756** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, DOROTHY
1684-5 LAKE AVE S
CLEARWATER FL 33756** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERGEMAN, PAT
1610-2 LAKE AVE S
CLEARWATER, FL 33756** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDERSON, JOHN
1641-2 S. LAKE AVENUE
CLEARWATER FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARROSICO, JOHN
1632-1 S. LAKE AVE
CLEARWATER FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATTERSON, CHARLES
1642-4 LAKE AVE S
CLEARWATER FL 33756** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James P. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-02 (727) 581-7841

CR2E037 (10/02)